

3/11/24, 8:29 PM

Division of Corporations
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L23000468572

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : AR LAW GROUP PLLC
 Account Number : I20230000079
 Phone : (305)433-7701
 Fax Number : (305)433-7709

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: adrian@arlawgroupfl.com

RECEIVED
 2024 MAR 12 AM 9:55
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
 LLC AMND/RESTATE/CORRECT OR MMG RESIGN
 KEIK PEMBROKE PINES LLC

FILED
 2024 MAR 12 PM 12:05
 DEPARTMENT OF STATE

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEIK PEMBROKE PINES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/11/2023 and assigned Florida document number L23000468572.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1450 NW 87TH AVE.

(Principal office address MUST BE A STREET ADDRESS)

UNT 110

DORAL, FL 33172

Enter new mailing address, if applicable:

1450 NW 87TH AVE.

(Mailing address MAY BE A POST OFFICE BOX)

UNIT 110

DORAL, FL 33172

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REC. & TAMP. DES. STATE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AR LAW GROUP PLLC

New Registered Office Address:

8785 SW 165TH AVE., STE 103

Enter Florida street address

MIAMI

City

Florida 33193

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VILLALOBOS SULBARAN, CARLA M	8300 NW 102 AVE.	<input type="checkbox"/> Add
		APT 127	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33172	<input type="checkbox"/> Change
MGR	ULACIO ALVARADO, WILFREDO	8300 NW 102 AVE.	<input type="checkbox"/> Add
		APT 127	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33172	<input type="checkbox"/> Change
MGR	KEIK CONCEPTS CORP	1450 NW 87TH AVE.	<input checked="" type="checkbox"/> Add
		UNIT 110	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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